

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>05/15/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>6905</i>	<i>5-11-00</i>
FORMALITY REVIEW			<i>7-17-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>9/15/00</i>
2	<i>9/16/00</i>
3	<i>9/16/00</i>
4	<i>9/16/00</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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